## PART B - FEE(S) TRANSMITTAL

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ndicated unless correcte		nerwise in Block 1, by (	a) specifying a new co	rrespondence address	; and/or (b) indicating a sepa	arate "FEE ADDRESS" for
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Washington, DC	20005-1503		ſ	(Depositor's name)		
			ľ			(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/594,387 10/17/2006		Akira Mizuno		2006_1640A	9383	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D		JE FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510 ART UNIT	\$300 CLASS-SUBCLASS	\$0	\$1810	01/21/2011
EXAMINER						
MCKANE, ELIZABETH L		1773	422-033000			
. Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  1) YUYAMA MFG. CO., LTD.  Osaka, Japan  2) Akira Mizuno  Aichi, Japan  lease check the appropriate assignee category or categories (will not be printed on the patent):  Individual Corporation or other private group entity Government						
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-0975 (enclose an extra copy of this form).			
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Authorized Signature	2011.01.13 13 Michael S.			Date	January 13, 2011 40,268	
Typed or printed name				Registration 1	No	
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